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025853

7590

10/04/2004

**MICHAEL TAVELLA**  
**2051 BRIGADIER DRIVE**  
**ANCHORAGE, AK 99507**  
**10/20/2004 HVUONG2 00000011 10718246**

01 FC:2501  
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685.00 OP  
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<u>Michael Tavella</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>10/14/04</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/718,246

11/18/2003

Dominick Amari

9905

TITLE OF INVENTION: ARTIFICIAL ISLAND AND METHOD OF CONSTRUCTION THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$685

\$0

\$685

01/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LEE, JONG SUK

3673

405-015000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Michael J. Tavella

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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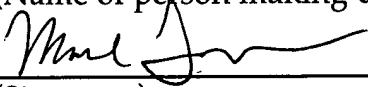
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Certified number 7002 3150 0002 1635 9574,  
on October 14, 2004

Michael Tavella  
(Name of person making deposit)

  
(Signature)

10/14/04  
(Date)

In Re Application of: Dominick Amari

Serial Number: 10/718,246

Art Unit: 3673

Filed: November 18, 2003

Examiner: J. S. Lee

For: Artificial Island And Method of Construction Thereof

**Michael Tavella**

*Patent Agent/Engineer*

2051 Brigadier Drive  
Anchorage, Alaska 99507  
Phone (907) 349-2495 Fax (907) 522-3907